

# ILLINOIS ARTS COUNCIL

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## FINAL REPORT

James R. Thompson Center  
100 W. Randolph, Rm 10-500  
Chicago, IL 60601-3298  
312/814-6750  
800/237-6994 (Toll free in Illinois)  
TTY 312/814-4831

## FINANCIAL ORGANIZATION SPECIAL ASSISTANCE

Final reports are due WITHIN 30 DAYS after the ending date on the Grant Agreement. NOTE: This is a standard form. Some lines may not be applicable to all projects funded by IAC.

There are two parts to every final report, a financial section and a narrative section. This report must show completely and accurately how the program actually occurred. This will be necessary in assessing the success of this project to the Council and IAC staff working with you in the future.

Reports must be complete and signed by the project director. **FAXED FINAL REPORTS WILL NOT BE ACCEPTED.**  
Consult IAC staff if you have questions.

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Grantee

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Grant Number

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Address

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City

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Zip

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Financial Officer or Individual completing this form

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Daytime Phone

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Title of Project Funded

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Beginning Date

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Ending Date

### Summary:

IAC Grant Amount (from #1 on reverse)	\$ _____	GRA
Actual Total Cash Expenses (from #9 on reverse)	\$ _____	EXP
Actual In-Kind Contributions (from #10 on reverse)	\$ _____	INK
Actual IAC Grant Amount Spent (from #19 on reverse)	\$ _____	SPE
Actual Total Cash Income (from #20 on reverse)	\$ _____	INC
Actual Total Individuals Benefiting from project (from Narrative)	_____	IND
Children Benefiting from project	_____	YTH
Actual Total Artists Participating in project (If zero, enter 0)	_____	ART
Actual Total Volunteers Participating in project (If zero, enter 0)	_____	VOL

*Complete Financial Section on Reverse*

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Project Director's Signature

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Phone

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Date submitted

NOTE: This is a standard form. Some lines may not be applicable to all projects funded by IAC.

1. IAC GRANT AMOUNT \$\_\_\_\_\_ (GRA)

**ACTUAL CASH EXPENSES**Actual Cash  
ExpensesActual In-Kind  
Contributions

2. Personnel

Administrative

Artistic

Technical/Production

3. Outside Fees and Services

Artistic

Other

4. Space Rental

5. Travel

6. Marketing

7. Remaining Operating Expenses

8. Capital Expenditures

9. *Actual Total Cash Expenses*

(EXP)

*(Add Items 2 through 8)*10. *Actual Total In-kind Contributions*

\_\_\_\_\_ (INK)

**ACTUAL CASH INCOME**Actual Cash  
Income

11. Admissions

12. Contracted Services Revenue

13. Other Revenue

14. Corporate Contributions/Support

15. Foundation Contributions/Support

16. Other Private Contributions/Support

17. Government Support

Federal

State/Regional (do not include this IAC grant)

Other

18. Applicant Cash

19. *Actual IAC Grant Amount Spent*

(SPE)

20. *Actual Total Cash Income*

(INC)

*(Add Items 11 through 19)*

# ILLINOIS ARTS COUNCIL

## FINAL REPORT

## ORGANIZATION SPECIAL ASSISTANCE

### NARRATIVE

Three types of Special Assistance Grant awards are made. Check the area which most appropriately applies to the nature of your award. Then respond only to the section that corresponds with the category (A, B or C) you have specified.

     **A.** To attend a conference, workshop or seminar      **B.** To use a consultant(s)  
     **C.** New program initiative or other project

#### **A - TO ATTEND A CONFERENCE, WORKSHOP OR SEMINAR**

Address the following in no more than three typed pages:

**1.** Describe your participation in the workshop or conference. (Types of sessions attended, etc.) **2.** What benefits were derived for the organization? How did they address organizational needs? **3.** What personal benefits did you gain? **4.** Would you attend this workshop/conference again? Please explain. **5.** Attach a copy of the conference/workshop brochure and/or an agenda.

#### **B - TO USE A CONSULTANT(S)**

Address the following in no more than three typed pages:

**1.** Describe what occurred during the consultancy. (People involved, timetable used, etc.) **2.** What impact has the consultancy had on the organization? **3.** Is any follow-up required? If so, what? **4.** Attach a copy of the consultant's final report, letter of recommendation and findings or any other appropriate written document(s) generated through the consultancy.

#### **C - NEW PROGRAM INITIATIVE OR OTHER PROJECT**

Attach a one or two page narrative addressing the following points:

**1.** Describe how the program was carried out. Indicate deviations from program description in original IAC application. **INCLUDE REQUIRED DOCUMENTATION:** Two to four examples of published materials and news releases relating to this program. This documentation should verify activities which took place during this grant period as well as your compliance with the requirement that IAC funding be acknowledged in printed material as follows: **"This program is partially supported by a grant from the Illinois Arts Council, a state agency."** If none, explain. **Do not send additional videotapes, recordings, books, magazines or slides.** **2.** If program was conducted again, would there be any changes in its structure, operation and/or scope? **3.** Evaluate program in terms of accomplishment of program goals and its success or impact on the audience.

### INDIVIDUALS BENEFITING FROM PROJECT (Complete all applicable categories.)

#### **1. PERFORMANCE PROGRAMS**

Seating Capacity \_\_\_\_\_

Number of performances \_\_\_\_\_

Average attendance per performance \_\_\_\_\_

TOTAL ATTENDANCE \_\_\_\_\_

#### **2. VISUAL ARTS PROGRAMS**

Number of exhibitions in this program \_\_\_\_\_

Average attendance per exhibition \_\_\_\_\_

TOTAL ATTENDANCE \_\_\_\_\_

#### **3. WORKSHOP/CLASS PROGRAMS**

Number of workshops/classes \_\_\_\_\_

Number of sessions per workshop/class \_\_\_\_\_

Average attendance per workshop/class \_\_\_\_\_

TOTAL ATTENDANCE \_\_\_\_\_

#### **4. PUBLICATIONS**

Number of issues and/or books published \_\_\_\_\_

CIRCULATION (include subscribers and over-counter sales) \_\_\_\_\_

#### **5. FILM, VIDEO, RADIO, AND TELEVISION PROGRAMS**

Number of programs/projects completed or presented \_\_\_\_\_

TOTAL ESTIMATED AUDIENCE \_\_\_\_\_

INDIVIDUALS BENEFITING FROM PROJECT . . . . . (IND)

## **NATIONAL ENDOWMENT FOR THE ARTS REQUIREMENTS**

**THE FOLLOWING TWO QUESTIONS ARE PART OF A DATA COLLECTION PROJECT THAT DOCUMENTS NATIONAL TRENDS OF GRANTS IN THE ARTS. COMPLIANCE IS REQUIRED BY THE NATIONAL ENDOWMENT FOR THE ARTS. THE ILLINOIS ARTS COUNCIL WILL NOT USE THIS INFORMATION DURING THE GRANTMAKING PROCESS.**

**NEA1.** Using the characteristics listed below, please indicate the predominant racial characteristics of your organization. If at least 50 percent of your organization's staff, board of directors or membership belongs to one of the listed categories, then check that category. If none of these apply, check "99."

- |   |   |
|---|---|
| <input type="checkbox"/> <b>A</b> 50 percent or more Asian  | <input type="checkbox"/> <b>N</b> 50 percent or more American Indian/Alaska Native    |
| <input type="checkbox"/> <b>B</b> 50 percent or more Black/African American   | <input type="checkbox"/> <b>P</b> 50 percent or more Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> <b>H</b> 50 percent or more Hispanic/Latino  | <input type="checkbox"/> <b>W</b> 50 percent or more White                            |
| <input type="checkbox"/> <b>99</b> No single group listed above represents 50 percent or more of staff or board or membership |   |

**NEA2.** If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population, check that group's code from the list below. If the grant or activity is not designated to represent or reach any one particular group, check Box 99.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>A</b> Asian                  | <input type="checkbox"/> <b>N</b> American Indian/Alaska Native    |
| <input type="checkbox"/> <b>B</b> Black/African American | <input type="checkbox"/> <b>P</b> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> <b>H</b> Hispanic/Latino        | <input type="checkbox"/> <b>W</b> White                            |
| <input type="checkbox"/> <b>99</b> No single group       |  |